

# Cholesterol Reference Method Laboratory Network

## Information Form

The following information form should be completed carefully and accurately. This information will be used to prepare your Certificate of Traceability.

- Please photocopy this blank form and retain it for future submissions.
- Please prepare a copy of your data and retain it for laboratory records.

For registered products, please indicate preferred designation: Registered Trademark ® or Trademark ™.

Laboratory Name

Laboratory Address

Contact Name

Phone

Email Address

Fax

Send Bill To

(If different from above.)

PO Number

Date Specimens Sent

Date Specimens Received

Analyte		Method	
Instrument		Calibrator	
Manufacturer		Manufacturer	
Trade Name		Trade Name	
Model Number		Lot Number(s)	
Reagent		Calibrator Set Point(s)	
Manufacturer		Matrix/Sample Type	
Trade Name		Anticoagulant (if applicable)	
Lot Number(s)		Concentration	

Comparison Date

**CRMLN Laboratory:** Complete this section and send the form to Mahnaz Dasti at CDC.  
Fax: (770) 488-4192, Email: [mdasti@cdc.gov](mailto:mdasti@cdc.gov)

CRMLN Laboratory Name

Date of Data Analysis

Date Report Received

Date Certificate Sent

Director's Signature

Check One:      Passed      Failed

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## Total Cholesterol Fresh Sample Comparison Results Form

*Please photocopy this blank form and retain it for future comparisons.*

<b>Run #1</b>	<b>Date</b>	
ID Number	Result #1	Result #2
<b>Run #3</b>	<b>Date</b>	
ID Number	Result #1	Result #2
<b>Run #5</b>	<b>Date</b>	
ID Number	Result #1	Result #2
<b>Run #7</b>	<b>Date</b>	
ID Number	Result #1	Result #2
<b>Run #9</b>	<b>Date</b>	
ID Number	Result #1	Result #2

<b>Run #2</b>	<b>Date</b>	
ID Number	Result #1	Result #2
<b>Run #4</b>	<b>Date</b>	
ID Number	Result #1	Result #2
<b>Run #6</b>	<b>Date</b>	
ID Number	Result #1	Result #2
<b>Run #8</b>	<b>Date</b>	
ID Number	Result #1	Result #2
<b>Run #10</b>	<b>Date</b>	
ID Number	Result #1	Result #2

Questions about this protocol should be directed to the CRMLN Laboratory.

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## Quality Control Results Form for Total Cholesterol

Report single analyses of any quality control material with a total cholesterol concentration of 200 – 240 mg/dL (recommended). Data must be obtained with the analytical system under evaluation and must include the runs used in the split sample comparison.

*Please photocopy this blank form and retain it for future comparisons.*

Run Number	Date	Result
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		